



**St Luke's**  
Hospice Plymouth

# **Guide for line managers**

Safety and wellbeing  
risk assessment

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## Introduction

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During this COVID-19 pandemic, not only will you have been aware of the personal risks, but also aware of the impact upon teams and the importance of supporting each other through these difficult circumstances.

In the first phase of this pandemic, we have had to be very reactionary, dealing with the circumstances as they have arisen, along with the rest of the world. However, the safety of our staff and volunteers has always been and remains a priority for St Luke's. We are now entering a stage where more of our staff and volunteers may need to return to the office, impacting not only those returning from furlough or working from home, but also those who have been on site throughout this pandemic. The focus is shifting from reactive management to a more proactive approach to support staff in both their wellbeing and physical safety.

Your role as manager now more than ever, will be key in supporting staff and volunteers through this next phase and St Luke's will ensure you have the support you need to be able to do this. One such method of support has led us to develop the Safety and Wellbeing Action Risk Assessment (SWRA), a tool which supports volunteers, employees and their managers in looking after their safety and wellbeing at work during this pandemic and beyond. Each person will have an individual experience and reaction to COVID-19, meaning we cannot assume everyone will continue in the same mindset they have done or return in the same mindset to when they were last in the office. There will be individual circumstances that it will be key for you, as a manager to be aware of to ensure your staff and volunteers feel supported.

## Who is this guide for?

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This guide is designed to provide you with some guidance in supporting your team members (including volunteers) with their safety and wellbeing at work, whether remotely or in the office.

Included in this guide is additional information to support the Safety and Wellbeing Risk Assessment you will have to complete as and when people may need to return to work. It will also be used for managers of those individuals who have remained in the workplace, and may have concerns over the next phase, with other staff and volunteers returning or to support them if they are suffering with COVID-fatigue, or even those who currently have no concerns, but as a manager you would like to use this as a proactive tool to promote and maintain their safety and wellbeing at work.

## What is a Safety and Wellbeing Risk Assessment (SWRA)?

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There can be high levels of stress and poor mental health in the workplace outside of a pandemic, but given the current situation we find ourselves in, the SWRA is being recommended as a proactive way of managing the return to the workplace in a way that supports staff safety and wellbeing.

This SWRA is loosely based around the Wellness Action Plan used by Mind usually focussed around our mental health at work.

The intent behind this assessment is for managers to use it as a tool to identify with staff / volunteers how best to support them and support their safety and wellbeing. Working with your staff / volunteers in this way should empower you and them to ensure they remain safe and healthy and establish open communication and build even more trust as you gradually understand their needs and experiences.

If these plans are found to be useful by staff and managers, it may well be that we implement them more broadly, maybe as part of the induction process to demonstrate commitment to staff / volunteer safety and wellbeing from the very beginning, sending out a clear message that proactive management of safety and wellbeing matters.

## What is the benefit of a SWRA?

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You and your team members / volunteers will be able to plan a return that supports their safety both physically and mentally. It will provide you with an insight into what may or may not work for your team whether they have remained in the workplace or whether they are returning to work following their absence during COVID, through being furloughed, working from home, or having a period of absence.

It is recommended that you use this assessment as a tool in starting these conversations and regularly review the responses to support your staff member / volunteer and adapt it to reflect their experiences

during work or upon return and make any reasonable adjustments agreed to maintain their safety and wellbeing.

This assessment can be used to agree what you need from each other and what supports can be put in place with staff working on site and adjusting to those returning or transition staff / volunteers back to work tailored to that individual and what steps you will both take if further support is needed.

## Completing a SWRA with your team members

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Schedule some time to speak with your staff / volunteers, preferably via phone or virtually given the current COVID-19 circumstances unless you are already working onsite together, and allocate enough time so they feel comfortable to chat and you are not feeling rushed to attend another meeting.

It is important that this assessment is not used as a tick box exercise and that you and your staff / volunteers develop a solid plan that identifies any areas of concern, any reasonable adjustments that we can make as an employer as well as going through all of the steps already in place to protect our staff / volunteers.

The assessment aligns with our BEESafe framework and is split into 3 sections;

- Behaviour and Culture
- Equipment and Environment
- Education and Training

At the end of each section is the space for you to agree the reasonable adjustments and plan any steps that may need to be taken for the individual to continue in their onsite work or to re-enter the office environment. You can then review this plan and maintain a strong sense of safety and wellbeing for your team.

They may share various coping strategies they already use for dealing with any concerns relating to Covid-19 and they may be willing to share how and why these have been effective.

The SWRA should be held confidentially between you and your staff member and HR, agreeing how the information will be used. You could ask for their consent to share their plan or part of their plan with Facilities as well if there is action required from a wellbeing or safety perspective or if adjustments are needed.

## Questions

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This is where your member of staff or volunteer will need to identify if they are clinically extremely vulnerable or clinically vulnerable. If they answer yes to this question, they should avoid returning to the office and we should accommodate them working from home. However, if they are not clinically vulnerable (but not extremely) and unable to work from home, you should liaise with Head of Facilities or our Moving and Handling /Ergonomics Adviser (MHEA) to consider what options there may be available for you staff member or volunteer to work

at socially safe distances. Any staff and volunteers who are onsite already and vulnerable should be flagged to the Head of Facilities to ensure we have made sufficient reasonable adjustments.

### Behaviour and Culture

#### *1) Feelings around continuing to work and the return of others / returning to work / volunteer*

Explore with your staff member / volunteer how they are feeling and whether they have any specific concerns over continuing to work or returning to work, whether their base is a concern, whether they are worried about colleagues' reactions to their return if they have been working from home, or furloughed / unable to attend workplace. Check if all of the information provided around physical safety above helps alleviate any of these concerns at all.

It is important to acknowledge any concerns. Communication is key and it is crucial to be open with all your team members / volunteers in discussions regarding the planned return of colleagues and check their concerns or feelings around this. There may be friction to manage between individuals who have experienced different elements of Covid-19 through no fault of their own, acknowledging varying emotions for individuals, whether that is guilt at not being in, resentment at having remained at work etc. This is especially important for those who have been furloughed and should cover topics such as changes since they have been off (including processes or queries or issues and how they are being addressed, or changes in supply arrangements, as well as any changes to their work duties or tasks – explored further in Question 22).

As managers, inclusivity is a priority so to support staff /volunteers meeting our values as an organisation, every employee should feel they are working in or returning to a supportive and caring environment demonstrating compassion, integrity, professionalism and respect.

The uneven nature of people's work and personal experiences and the challenging nature of the lockdown and ongoing situation, means there could be potential for some negative feelings creeping in. It's important that we foster an inclusive working environment, and you, as managers are sensitive to any underlying tensions and confident about nipping potential conflict in the bud. There could be further training provided around how to support your staff with these challenging conversations and how you can support your staff / volunteers, so they remain a cohesive, supportive team. Please contact Leigh Jones, Organisational Development Manager if you would appreciate any further support.

#### *2) Personal concerns over the coronavirus*

Allow your staff member / volunteer to share any concerns they may have, without feeling you have to reassure and resolve it for them. Listen, reflect and make a note of these concerns and reassure them they are not alone and demonstrate empathy.

#### *3) Care responsibilities as a result of COVID-19 (including children or elderly) that means they will struggle to return*

There needs to be consideration given to personal circumstances if individuals are experiencing issues as a carer and unable to make alternative arrangements. Would working at home be preferable for them? As a manager, you need to ensure you are consistent in your approach to staff and support them as much as possible. Please contact HR if you are concerned that multiple members of staff will be unable to work in the office due to these responsibilities.

#### *4) Flexible working options*

If working from home or already onsite and the role permits, consider whether could support flexible hours, where individuals ensure they work their contracted hours, but do so at times that suit them as well as the organisation.

Need to ensure that individuals consider the impact of lack of boundaries from working at home may cause, and support staff in working in this way so they don't go above their hours. You could direct them to [these tips](#) on working from home. Need to agree communication around this to you, if you need to know their working pattern for the day. However, if the role is output based and you need a piece of work without the individual confirming a working pattern, allow this freedom and ensure you share objectives and deadlines. Further flexible working considerations are considered in the section: Supporting your Staff in their Return.

#### *5) Additional questions for volunteers*

Health and Safety of our staff and volunteers is a priority, meaning we have had to adjust the slots available to our volunteers to manage numbers safely. Volunteer 'shifts' will be available for 4 hours minimum. Volunteers must confirm they are happy with that pattern and still able to volunteer on that basis.

Consider your volunteers usual pattern of work and the impact this request may have and show an understanding, but to minimise risk of infection, we need to manage this as closely as possible. Ensuring minimal contact with various people.

#### *6) What work will be undertaken*

When managing staff remotely (you will potentially not be in the office at the same time, or both working from home), it is important that there is clarity around outputs. You will need to be sure that deadlines are reasonable, staff / volunteers are aware of expectations and able to deliver and are also aware of the bigger picture – the vision and strategy for St Luke's. Agree what they will be doing when working from home or onsite and what might mean they need access to information onsite. Agree any variations to role outside of normal expectations.

#### *7) Agreed absence reporting*

Ensure your staff member is aware of your expectations for absence reporting under these circumstances. If they are working from home or working onsite, what are the expectations for your team on how and when they should report this?

## Equipment and Environment

### 8) Working base

Discuss with your staff member / volunteer where their time has / will be mainly spent (home or onsite). If their will be time spent onsite, and the Head of Facilities and the MHEA are not aware, ensure they are spoken with to check where space will be (it may be they are not in their usual room or at their usual desk) as this will depend on who else is onsite.

### 9. Using public transport

If the individual confirms that they need to use public transport to return to work, you should explore with them how long the journey will be, whether they will need to use multiple public transport vehicles, and how comfortable they are with all of this.

Should there be concerns for the individual, you should consider whether they are able to work from home. If they are unable to, and you are unsure of next steps, please contact HR for advice.

### 10) Agreed hours (based on occupancy and workstation availability)

Consider best support for staff dependant on whether they need to use public transport if they are onsite, avoiding busy times of day, if roles allow. Consider whether there would be an entire day(s) or part of a day / days per week that they are needed onsite. These would need to be set to ensure safety and social distancing. Agree working pattern if needs to be set or allow flexibility if this is appropriate.

Confirm a way for the staff member to agree with you the hours they will be doing that day if they are working from home (as in morning and evening or all day) and vice versa, where you confirm if you need a staff member contactable between 9 and 5 for example.

### 11) Details provided of access to buildings

Once you know where your staff member will be based if they are going to be onsite, even for only a day, ensure they are informed around how to gain access to the building / room if they don't already know and what steps to take if they should find someone else in the room they are supposed to be in – i.e. to check with the other person whether they were due to be in that room, if so, flag to you that they are unable to access their work space for that day. This will then need to be escalated to the Head of Facilities. In the meantime, the individual should not work in the same room if social distancing cannot be adhered to, or safe use of equipment. They may have to return home, should you not be able to source an alternative space for them. Emphasis of social distancing when in the workplace is critical, there will be posters and guidance available.

### 12) Workstation (cleaning)

Confirm their workstation should always adhere to government guidance around social distancing and the cleaning of equipment. Again, there will be guidance available on this.

### 13) Workstation requirements

Confirm that they have equipment needed, whether chair, pc, mouse or keyboard etc.

### 14) Toilet facilities

Ensure your staff member / volunteer is aware of the agreed access to toilet facilities and how social distancing will be managed in these circumstances.

### 15) PPE problems

Check that your staff member / volunteer is able/ has been able to use any PPE provided, and has no allergies that mean they are unable to use it. Check if training is required for PPE and identify in the Education and Training section if appropriate.

### 16) Other adaptations agreed and who will action

Whether additional IT support is needed, extra ergonomic requirements or general health and wellbeing adaptations (working hours etc). Ensure you have them agreed and confirm next steps, including who will action them.

## Education and Training

### 17) Any adverse effects e.g. mental health by COVID-19, remaining onsite during COVID-19 or through period of absence

This pandemic will have not only affected people's health physically but will also have a psychological impact. Through this survey, you will hopefully have an idea around the level of concern your staff / volunteers may be feeling. However, there may be anxieties about the pandemic and fear of infection, as well social isolation. There may even be challenging domestic situations for your staff whether with childcare, vulnerable relatives or financial concerns if partners or family members have lost an income. Some will have experienced illness, or bereavement. It is important for you as a manager to talk to your staff / volunteers about how they may be feeling, opening up communication with you.

Staff may have carried on working and participating in video meetings, but they will still need to adjust to working in a shared environment with colleagues. Everyone will adjust at varying points, so even if your staff member / volunteer confirm that they have not felt a psychological impact of the pandemic, it is

important that as a manager you ensure you check if this changes, through regular 1-1s and encourage staff / volunteers to approach you should they become aware of any changes as we all go through a period of readjustment. You should remind your staff of the access to support through Simply Health.

Dependant on the circumstances your staff find themselves in, it may be that access to Occupational Health is required.

Please contact HR if you feel this may be appropriate. There are multiple external sources of support that it may be helpful to signpost your staff / volunteers to, some of which can be accessed [here](#).

As well as maintaining support for your staff who have remained onsite throughout, it is important to use this survey as part of a re-induction / re-boarding process for returning staff / volunteers. As a manager you should be having regular contact with your team with focus on health, safety and well-being. It could be that some staff require a phased return to their full role, or want to discuss a new working arrangement, especially if their domestic situation has changed because of the pandemic and hopefully you will have established that through the points above.

### 18) Awareness of measures for elimination of virus

Ensure your staff member / volunteer is aware of steps to take to eliminate the virus; handwashing, not coming into work if they are showing any symptoms etc. There are also COVID-safe packs for [clinical and offices, retail](#) and [fundraising](#) you should ensure all your staff members / volunteers are aware of and have access to.

### 19) Awareness of the Government's COVID-19 Track and Trace process

It is intended that this new process will ensure that anyone who develops symptoms of coronavirus

(COVID-19) can quickly be tested to find out if they have the virus, and also includes targeted asymptomatic testing of NHS and social care staff and care home residents. It will help trace close recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. <https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works>

#### *20) Support that would benefit*

It is useful to check with the staff member / volunteer whether they have any ideas around what support they may feel is beneficial to put in place. It will provide you with a clear idea of what your team need and may also indicate a theme of responses, which could require an action for multiple people.

#### *21) Regular reviews*

Agree how and when you will contact your staff member / volunteer. Will this be weekly/daily or less regularly? Will you schedule them or should the staff member / volunteer, or will it be on an informal basis, touchpoint as a group each morning for example?

#### *22) Mandatory training up to date*

We need to ensure that any mandatory training is up to date or even whether individuals would appreciate a refresher in the current circumstances and for them to confirm whether they need any guidance or support for completion. Whether this is allocating them the time to complete the training or just checking in with them that they have been able to complete it.

#### *23) Changes to procedures and working practices*

Have any changes been listed and guidance available to share, so staff members / volunteers do not continue or return to the workplace and feel concerned that they do not understand what has changed or risk making mistakes.

#### *24) Any other training or concerns*

It is important to explore whether there is any training identified through speaking with staff / volunteers that may be beneficial. When this information is shared with HR, an exercise could then be carried out to identify any themes that may come from this question and consider some innovative methods of delivery.

This is an opportunity for your staff member / volunteer to share anything you may not have covered already. It is important not to 'over promise' to being able to resolve anything, and HR, Head of Facilities and MHEA are all available to discuss any concerns your team may have that you think should be raised.

## Supporting your staff in their return

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During these daunting times, you may need to adapt your management style dependant on the individual you are speaking with and the personal experience they will have had during this pandemic. As you've gone through the questions above, you may have ideas about how you will support them continuing in their role or in their return. Through supporting your staff / volunteers on this individual basis, engagement and motivation may be encouraged.

It is helpful to proactively ask your staff / volunteers what support they need from you and check in regularly to see that they are okay. As identified in question 17, there may be additional support or signposting for mental health purposes. If you are able to signpost, please do and for anything you are unsure of, please contact HR.

These questions can be included in your regular catch ups with staff, whether through 1-1s or being approachable and available to staff as much as possible, which should in turn enable you to be aware of the level of morale, and wellbeing within your team. Through being open to feedback as a manager, you will also become more aware of how you come across to others and support a healthy team culture.

Now is the time to consider new ways of working and encouraging staff to be innovative and adapt to new processes is beneficial.

When supporting those already onsite or planning a return to the office, it is useful to be aware as a manager of the impact behaviours can have as barriers to transmission of infection and how transmission will increase if staff do not follow guidance. These include hand washing, cleaning any shared equipment before and/or after use and maintaining social distancing. Some of these are behaviours that people have started to become used to. However, there is a risk that returning to the workplace could trigger a return to habitual behaviours that do not follow these safe rules.

If there is uncertainty over how to do things correctly, through lack of rules, guidance or limited direct exposure to the virus, this could lead to an underestimation of risk. Or there could be pressures that counteract safe behaviours, e.g. time pressures and feeling there is no time to do things 'the right way', these could all lead to old habits and don't follow the guidelines we have set out. This will need to be managed and ensure that your staff / volunteers don't gradually accept these as group norms.

We can manage this through clear communication around guidelines and protocols, visual aids, markings etc., allowing staff / volunteers any extra time needed to comply with guidelines. If you

become aware of any new situations that may not have been anticipated, please raise these with HR, Head of Facilities or our MHEA.

Flexible working now more than ever is going to be key. Be open to suggestions as to how best individuals may feel they can work, if the role allows, don't be restrictive in hours, location and days, but be clear around objectives and output and expectations and a consistent treatment across the team. Then you can proactively support staff to monitor their workload and encourage healthy working hours and a positive work/life balance.

Through this pandemic, you should aim to reduce the amount of time any staff member spends in close proximity with other people if possible, and to enable travel on public transport (if needed) outside busy periods. The Head of Facilities can work with you to develop a plan for how many workers can be on site given the type of work they do and the space available.

To accommodate flexible working, it could be that you stagger start and finish times including breaks, you introduce flexible schedules to meet individuals' travel and home life needs, always trying to limit the number of people your staff / volunteer come into contact with.

Limit face-to-face time for teams where you keep working groups who come into contact with each other, the same. Avoid face-to-face/in-person meetings where possible, holding them outdoors if necessary or opening windows to help fresh air circulation.

## Helpful definitions

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### *Furloughed staff*

A staff member, who has agreed with their employer in writing that they will not work temporarily because of coronavirus, but they will still be employed.

### *Vulnerable people*

Vulnerable people include but are not limited to those who:

- have a long-term health condition, for example asthma, diabetes, heart disease, hepatitis, Parkinson's disease or multiple sclerosis (MS)
- have a weakened immune system as the result of medicines such as steroid tablets or chemotherapy
- are pregnant
- are aged 70 or over
- are seriously overweight (a body mass index (BMI) of 40 or above)

Clinically extremely vulnerable people may include:

- Solid organ transplant recipients.
- People with cancer who are undergoing active chemotherapy

People with lung cancer who are undergoing radical radiotherapy

- People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- People having immunotherapy or other continuing antibody treatments for cancer
- People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
- People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
- People on immunosuppression therapies sufficient to significantly increase risk of infection.
- Women who are pregnant with significant heart disease, congenital or acquired.

Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

### *Shielding*

Some people will receive a letter from the NHS to say they should take extra steps to protect (or 'shield') themselves because of an underlying health condition. This is for people who are at higher risk of severe illness from coronavirus.

If an employee or worker receives a letter telling them to start shielding, they should stay at home for at least 12 weeks.

### *Self-isolating*

If someone has come into contact with, or had symptoms of Covid-19 they will be required to self-isolate at home for at least 7 days from when their symptoms started.

### *Mental wellbeing*

Mental wellbeing is the ability to cope with the day to day stresses of life, work productively, interact positively with others and realise our own potential.

### *Work-related stress*

Defined by the Health and Safety Executive as the adverse reaction people have to excessive pressure or other types of demand placed on them at work. Stress, including work-related stress, can be a significant cause of illness and is known to be linked with high levels of sickness absence, staff turnover and other issues such as increased capacity for error. Stress is not a medical diagnosis, but severe stress that continues for a long time may lead to a diagnosis of depression or anxiety, or more severe mental health problems.

## Frequently asked questions

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*Q) What do we do for an employee who is not in the 'extremely vulnerable' group but is worried about being at work?*

A) There may be people who are not in the extremely vulnerable group but are worried about coming into work, either due to their own health, or because they live with someone who is vulnerable. Whereas Government guidance is that employees should work from home wherever possible, for many employers this is not feasible for most of their staff.

If clinically vulnerable (but not extremely clinically vulnerable) individuals cannot work from home, they should be offered the option of the safest available on-site roles, enabling them to stay 2m away from others. If they have to spend time within 2m of others, you should liaise with Louisa Duggan-Smith, who will carefully assess whether this involves an acceptable level of risk.

As for any workplace risk you must take into account specific duties to those with protected characteristics, including, for example, expectant mothers who are, as always, entitled to suspension on full pay if suitable roles cannot be found. Particular attention should also be paid to people who live with clinically extremely vulnerable individuals.

*Q) What do we do if our staff member / volunteer is refusing to return to their place of work or even work from home?*

A) Even after explaining the reasonable adjustments and safety precautions St Luke's is taking in making sure staff return safely, you may find that staff or volunteers still do not want to return. We should not immediately demand that individuals return.

Legally (as well as ethically) we need to take into account the individual's circumstance and ensure our request is reasonable for our staff member. Should you find yourself in this situation, please continue through the plan / assessment with your staff member / volunteer and confirm you will consider their concerns and explore options and come back to them. You will then need to approach HR to explore options.

# Working from home or office flow chart

Individual already working on site or identified as possibly returning from furlough or working from home (WFH) to more office based

Individual confirms they are vulnerable (but not shielded)

Can individual safely work at home?

No

Yes

Work from home

Behaviour and Culture: support needed?

Ensure [work from home risk assessment](#) completed and workstation can be set up according to guidance. If advice is required regards ergonomic set up or experiencing discomfort contact Manual Handling Ergonomics Advisor (MHEA).

Confirm arrangements for remaining in close contact to maintain physical and mental wellbeing.

Equipment and Environment - able to return?

Is any equipment required? Inform Head of Facilities and /or MHEA of any equipment removed. Contact MHEA if specialist equipment is required.

Conduct Safety and Wellbeing Risk Assessment for return to workplace

Behaviour and Culture: support needed?

Explore individual circumstances and signpost for support or refer to HR if further support required.

Discuss and agree working arrangements. Explore any adjustments that may be required and update HR.

Equipment and Environment

Liaise with Head of Facilities to facilitate office set up if not already on site. They will confirm exact location when occupancy confirmed.

If adjustments are required, update Head of Facilities to explore alternatives.

Discuss transmission reduction measures e.g. handwashing, equipment cleaning.

Education and Training: any requirements identified?

- Ensure mandatory training is completed and encourage feedback if this changes.
- Explore any training needs, record and share with HR and Education.
- Conclude plan and confirm happy with arrangements (signature) - feedback to HR and Head of Facilities as specified above.
- Continue with regular catchups and open communication.